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**PATENTS** 

DOCKET: 2000 P 07437 US 01

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.:	09/497,279	) <u>Certificate of Facsimile Transmission</u>		
Applicant:	CARTER, George E. et al.	) I hereby certify that this document is being		
Filed:	February 2, 2000	) facsimile transmitted on the below listed date, ) consisting of the below listed number of pages, and to the below listed fax number.		
DEFE	GROUND PROCESSING RMENT FOR COMPUTER PHONY	Date of Trans.: August 2004 Fax Number: 703-872-9306 No. of Pages: RCE (2) + Ext (1) = Total (3)		
Art Unit: Examiner	2157 NAJJAR, Saleh	By: Jeanette L. Taplin &		

MAIL STOP RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

# REQUEST FOR CONTINUED EXAMINATION (RCE) UNDER 37 C.F.R. §1.114

Sir:

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

#### TIME REQUEST IS BEING MADE

Æ.	mis request is being submitted:					
	i.	[x]	Prior to abandonment of the application			
	, ii.	[]	With payment of the issue fee			
		[]	Prior to payment of issue fee			
		[]	Issue fee has been paid but a petition under §1.313 has been granted			
	iii.	[]	Prior to a decision on appeal to the Board of Patent Appeals & Interferences			
		[]	A notice is being separately sent to the Board of Patent Appeals &			

Serial No. 09/497,279

Attorney Docket: 2000P07437US01

#### **ENCLOSURES**

- 3. Enclosed herewith is/are:
  - A Petition for Extension of Time for two month(s).
  - [X] Please enter the Amendment filed May 3, 2004
    [] Please enter the enclosed Preliminary Amendment.
  - An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449
  - and \_\_ references.
  - [] Other:

## FEE FOR REQUEST (37 C.F.R. §1.17(e))

4. [x] Filing fee has been calculated as shown below after entering the Preliminary Amendment (other than small entity):

For	Claims Remain- ing After Amend.	Highest Number Previously Paid For		resent ktra	x Rate	Additional Fees	
Total Claims	43	-43		)	x \$ 18	\$ 0.00	
Indep. Claim	9	- 9		)	x \$ 88	\$ 0.00	
[] First I	resentation of a Mult	ple Dependent Claim		+ \$300	)	\$ 0.00	
Basic Filing Fee						\$ 790.00	
				Total		\$ 790.00	

5. [x] Please charge Deposit Account No. <u>19-2179</u> in the amount of \$<u>790.00</u>. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. <u>19-2179</u> pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

D-4-

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Customer Number: 28524
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ATTENTION: Elsa Keller, IP Department

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Respectfully requested,

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